

Alston & Bird LLP

3605 Glenwood Avenue, Suite 310
P. O. Drawer 31107
Raleigh, NC 27622-1107
919-420-2200
Fax 919-420-2260

SEP 12 2000

TELECOPY**PLEASE DELIVER THE FOLLOWING MATERIAL AS SOON AS POSSIBLE**

Confidentiality Note: The information contained in this facsimile message is confidential and its contents are intended to be legally privileged information solely for the use of the addressee. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution, copying or other use of this message and its contents is strictly prohibited. If you have received this facsimile in error, please notify us immediately by telephone and return the original message to us at the address shown above via air courier service, the United States Postal Service or your national postal service (air mail). Thank You.	
DATE:	September 12, 2000
TO:	Examiner Scott Ledford
FROM:	Leslie T. Henry
MESSAGE: Re: Atty. Docket No. 5800-79; Application S/N: 09/495,823 Attached is a copy of the express mail receipt you requested.	
NO. OF PAGES: 2 (Including cover page)	FAX OPERATOR:
USER CODE: OLAR	FAX NUMBER: (703) 308-6916
CLIENT/MATTER: 035800/191890	INTERNATIONAL:
REQUESTED BY: P. Burton Ext: 2277	ADDRESSEE TELEPHONE NO.: (703) 306-5593

IF NOT RECEIVED PROPERLY, PLEASE NOTIFY US IMMEDIATELY AT (704) 331-6115

E1039496501US



POST OFFICE TO ADDRESSEE

ORIGIN (POSTAL USE ONLY)		
PO ZIP Code 27601	Day of Delivery <input checked="" type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun	Flat Rate Envelope <input type="checkbox"/>
Date 21-00	<input checked="" type="checkbox"/> 12 Noon <input type="checkbox"/> 2 PM	Postage \$15.75
Mo. Day Year 11-00	Military <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Return Receipt Fee <input type="checkbox"/>
Weight 2 lbs.	Int'l Alpha Country Code	ODD Fee Insurance Fee
No Delivery <input type="checkbox"/> Weekday <input type="checkbox"/> Holiday	Acceptance Clerk Initials SN	Total Postage & Fees \$15.75

SEE REVERSE SIDE FOR
SERVICE GUARANTEE AND LIMITS
ON INSURANCE COVERAGE

Customer Copy
Label 11-F July 1997

ADDITIONAL USES ONLY METHOD OF PAYMENT Express Mail Corporate Acct. No. A282641		<input type="checkbox"/> WAIVER OF SIGNATURE (Domestic Only: Additional merchandise insurance is void if waiver of signature is requested. If cash delivery to be made without obtaining signature of addressee or addressee's agent or delivery employee purpose of delivery can be determined by inspection of contents, this waiver may be used.) <input type="checkbox"/> NO DELIVERY <input type="checkbox"/> Weekday <input type="checkbox"/> Holiday
---	--	--

FROM: PLEASE PRINT ALSTON & BIRD 3605 GLENWOOD AVE STE 310 RALEIGH NC 27612-4957 PHONE 919-420-2300 5800-79 (35500/191570)	TO: PLEASE PRINT Box Patent Application ASSISTANT COMMISSIONER FOR PATENTS WASHINGTON, DC 20231 PHONE (703) 308-1202
---	--

PRESS HARD. FOR PICKUP OR TRACKING CALL 1-800-222-1811 www.usps.gov

SEP 12 2000